The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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A Surgeon's Prayer in Wartime

"God of Battle, grant that the wounded may swiftly arrive at their hospital haven, so that the safeguards of modern surgery may surround them, to the end that their pain is assuaged and their broken bodies are mended.

Grant me as a surgeon, gentle skill and intelligent foresight to combat such sordid enemies as shock, hemorrhage and infection.

Give me plentifully the blood of their non-combatant fellow men, so that their vital fluid may be replaced and thus make all the donor people realize that they, too, have given their life's blood in a noble cause.

Give me the instruments of my calling so that my work may be swift and accurate; but provide me with rescourceful ingenuity so that I may do without bounteous supplies.

Strengthen my hand, endow me with valiant energy to go through day and night; and keep my heart and brain attuned to duty and great opportunity.

Let me never forget that a life or a limb is in my keeping and do not let my judgment falter.

Enable me to give renewed courage and hope to the living and comfort to the dying.

Let me never forget that in the battles to be won, I too must play my part, to the glory of a great calling and as a follower of the Great Physician. Amen."

JOHN J. MOORHEAD, Colonel M.C.

Tripler General Hospital, Honolulu, T. H.

Christmas Night, 1941.

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

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HAMPDEN DISTRICT MEDICAL SOCIETY
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The Prayer Answered

"Their ships, in good number and good order, seemed to be a forest moving upon the sea." So reported Ambroise Pare of the English fleet about to invade Brittany. "But when we perceived them desiring to land, we saluted them with cannon shot, and unmasked our forces and our artillery." The year was 1543, not 1944, and the English fled to sea again. But there were no war correspondents present to flash the news to a waiting world or the greater good tidings that gunshot wounds, thanks to the perception of this courageous barber surgeon, no longer need be "cauterized with oil of elders scalding hot, mixed with a little treacle" as John de Vigo's treatise advised.

Yet more than thirty years later, Pare was attacked by the Dean of the Faculty of Medicine in Paris "on account of his use of the ligature instead of cauterizing after amputation." Citing successful cases in his own defense, he coined the classic retort: "I dressed him and God healed him."

How the shade of Ambroise Pare must be rejoicing as he sees the expert care war wounds are receiving today in his beloved France, once more invaded and blood stained. And how he must thank God that medical brains have been enlightened so much in the intervening years, due, he might well claim, in no small part to his innovation of judging treatment by results rather than clinging to tradition.

Indeed the latest results are amazing even to the present-day successors of Ambroise Pare. Of 561 wounded, by most recent word of the Chief Medical Officer of Allied Supreme Headquarters for example, evacuated from France to England four to seven days after the invasion, only two were in serious condition, none was in shock and all were reported making satisfactory progress without one case of psycho-neurosis. Thanks to prophylaxis, front line checking of pain and sepsis, prompt use of plasma and blood transfusions, and to the swift and careful moving of the wounded to the rear and to base hospitals within so short a time, whether from Normandy or Saipan, the fondest dreams of Ambroise Pare the pioneer have been far surpassed.

But what might he say for the brains that could or would not prevent the infliction of such nearly mortal wounds upon France,—nay upon the entire world? Is it not the imperative duty of those who survive to draw inspiration from the great example of Ambroise Pare, and to choose methods of healing world's wounds with uncommon sense and equally boundless compassion?

EDITORIAL

As you know, the Council, at the annual meetting last May, voted to defer action on the Post-War Loan Fund until the February meeting in 1945, possibly in hopes that by then it will in fact be a post-war project. Or some, perhaps un-

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wittingly, followed the suggestion of Polonius,

"Neither a borrower nor a lender be;
For loan oft loses both itself and friend,
And borrowing dulls the edge of husbandry."

The Hippocrat regrets that this matter was put off, even though unconvinced that many applications for loans will come in from returned medical service men. Some already have returned to civil life, and help might be needed before February.

As to the assessment, in our opinion, ten dollars a year from each of us who have remained at home is a small return to pay as long as there is actual need; further, we believe that none should ask repayment, but the unexpended balance should be transferred to the Relief Fund, the American Red Cross, or some specific project which might be selected when the present purpose has been accomplished.

Judging from the discussion at the recent annual meeting of the Hampden District Medical Society, much confusion still exists in the minds of many members as to the purpose and the details of the plan in spite of the efforts of Chairman Schadt to clarify the situation. Why not fill the pages of this bulletin with questions or suggestions and justify its existence by so doing?

Once more it should be made clear that the plan is not charity. Rather it is a business arrangement to permit personal loans at nominal interest and with a minimum of red tape by members of the Massachusetts Medical Society who have jeopardized themselves and acted in our stead in service of our Country.

One last word as to the invested funds of the Society seems to be required, since the suggestion to tap them inevitably is dragged out of moth balls whenever the possibility of assessment arises. The Massachusetts Medical Society underwrites the publication of a first class medical journal which is a fixed expense of considerable magnitude. In addition, responsibility has been assumed for the Blue Shield plan of pre-paid medical service insurance. When times are good and budgets balance, there is no great need for funds, though the annual income from them helps to defray current expenses. But as long as there is a possibility that red ink may return to fashion, such reserves must be maintained to meet emergencies.

Speak up so that your representatives in the Council may know how to vote when action is sought.

Presidential Message

"I believe it is incumbent on every physician in this country to devote at least two hours each day to educating people in his community as to the significance of such legislation."

Dr. Herman L. Kretschmer
President, American Medical Assoc.

The council on Medical Care and Public Relations provides in its releases what often seems like the gleanings of a clipping bureau instructed to select only one side of a public debate. If, instead, it would distribute the kind of factual, scientific evidence we expect to find in our good medical journals, twenty minutes twice a month of the busy doctor's time would do much to educate us.

Too many doctors are at present much less versed in the problems of citizenship and economics than they are in medicine and surgery. A competent authority etsi-

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mates that a doctor's vote weighs as much as 750 other average votes. This creates an obligation.

The House of Delegates, at its last meeting, instructed the Council on Medical Education and Hospitals to take necessary steps to have each approved school give an adequate course in medical sociology, medical economics and medical ethics. There is greater and more urgent need for this instruction to graduates who are confronted now with the responsibility for exercising informed leadership. It may be too late before these proposed courses in medical schools yield their fruit.

Ten years ago the Committee on Legislative Activities of the A.M.A. presented a program which was adopted by the House of Delegates and is now being actively promoted by the Indiana State Society. Very briefly this plan, if effectively followed throughout the country, would develop better understanding by the profession of the contentions of organized groups in labor, industry, social and political elements. These several groups would better appreciate the reasonable and statesmanlike attitude (if such it is) of organized medicine.

In February 53 delegates out of the top drawer of business, labor and agriculture, etc. (16 national organizations), met at their own expense in closed session, to thresh out an area of agreement on national postwar policy. The conference was fruitful enough so that there was general agreement to continue the discussion later. The A.M.A. was not included in this group.

In May, in Washington, D. C., the Council on Medical Care and Public Relations of the A.M.A. met for the same purpose with two members of Congress, represenatives from the American Dental Association, the U. S. Public Health Service, the Federal Security Agency, the War Manpower Commission, the Office of Vocational Rehabilitation, the Children's Bureau, the A. F. of L., the C. I. O., the Council on Medical Service of the Pennsylvania State Medical Society and the Medical Society of the District of Columbia.

The Council "hoped that further such conferences may be held in future." Whether there will be other meetings and whether they will meet with any degree of success depends on the capacity of the conferees to enter discussions with an attitude of statesmanlike service to the whole people, rather than an agressive contention for the selfish aims of their own minority groups.

One who reads discussions in state and local medical publications and from other groups outside of organized medicine, who have also keen and usually sincere interest in solution of problems in the distribution of medical care, sometimes wonders whether the House of Delegates and the spokesmen for the A.M.A. are not, like Congress and the administration, too far behind the crystalizing opinion of their constituents.

Despite savage attacks on irregular organizations of doctors, there is a perceptible change in the course followed by organized medicine and this may be worth the disharmony, or what is sometimes called "disloyalty" toward the A.M.A. If this seems disloyal now, will it be so judged in 1949?

I want to see the Massachusetts Medical Society improve and accelerate its capacity for service to its fellows and to the lay people, which it also aims to serve.

Signed: ELMER S. BAGNELL,
President, Mass. Medical Society

Locomotion

To those of us who pioneered in auto-locomotion at the close of the hard-driven days of horse and buggy practice, the side-winding Stevens-Duryeas with

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cow-catching spare seat let down in front, the smelly Elmores and the well-named Knox contraptions, among numerous other experimental models, seemed adequately to meet the demand for greater speed that distinguished the new era. But there were several insects in that cup-grease. An Altas two-seater comes to mind because of a planetary transmision that too often failed "in the clutch", so to say. Likewise the diminutive white Buick that struggled to support the substantial bulk of Gardner Cox, and often balked under those hands that were so deft with the violin.

And then Fred Allen's father bought a Model T and scattered iron-mongery as well as poultry and pedestrians all over Hampden County and even parts of Hampshire. But it was J. C. Hubbard's pride, by all accounts, that suffered the deepest ignominy. When his imported Panhard stripped a gear somewhere out on the Easthampton road, he was forced to ride back to Holyoke on the front seat of a horse-drawn hearse, the first relief vehicle to come his way.

Far back in the halcyon days in Cos, Hippocrates himself bestrode shank's mare most of the time, though no doubt he employed a jackass or a springless cart when necessary. Nearly two thousand years later Ambroise Pare rode a horse equipped with saddle bags as military surgeon to M. de Rohan (and, curiously, to M. Laval), but his society colleagues preferred sedan chairs for more telling effect. And the fabled 'one horse shay' made a natural fore-runner of the aforesaid horse and buggy—both of which undoubtedly showed class too at times.

It would be interesting to determine, should time ever permit, how many medical careers have owed their success to smart turnouts, whether locomotive or tailor-made—("Costly thy habit as thy purse can buy" was classical advice . . . "rich, not gaudy")—or even addiction to carnations such as Freddie Shattuck used to sport with his striped, starched chokers.

Post-war planning, we are told, includes an adaptation of the ubiquitous jeeps for general use. That many physicians will be interested in such vehicles that are adapted to difficult driving conditions goes without saying. Some may prefer amphibian modifications to provide for incidental fishing or duck shooting. But if the hopes of all the individuals, lay and professional, who plan to jeepardise their futures come to fruition, physicians then will be forced to take to the air for safety's sake in spite of the example of Phaeton,

" . . . . magnis tamen excidit ausis."

Ovid et S. Q. Lapius

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From An Induction Center

From Page 8

out lenses for man who saw nothing. He could read normally then.

Holding cheeks apart is interpreted differently in surgical section.

Scars reflect surgical enthusiasm of area. Also lack of uniformity.

One man had a single collar bone across neck without notch.

One man's seat read "good morning, Captain. More time, more leather."

It has been said that 50% of x-ray films diagnosed T. B. were T. B. cases not found by physical examiner in routine follow through.

Sitting at table waiting to discuss his hernia, a man was found to have a lump, but not a hernia. One of the old doctores wants to buy the chair the boy was sitting in.

Dentist find same story, told inductee wants to fight, not bite the enemy.

One man was wearing a new truss. Thought he had a rupture. Not found. He's in!

Comments On May Session

Dr. Kenneth J. Tillotson in studying the patient from the psychosomatic standpoint says that these patients are not weaklings. Anyone can crack, and the treatment consists in the revelation to the patient of inside causes. which when centralized is a phychic disturbance on some given organ, which has no pathology. In these cases hidden conflicts develop, and have to be brought to light.

The Shattuck lecture was given by Dr. Alfred Blalock of Baltimore, Maryland. As he stood before a packed gathering, one marveled at his youthful appearance, despite his fund of knowledge practical experience and wealth of scientific investigation behind him. He talked mostly on unusual subjects, and made them seem so easy to tackle. He stressed the replacement of lost proteins by plasma, and the giving of amino acids by vein. He talked on chemotherapy and saline. He uses vitallium tubes in place of resected aneursm in arteries. He suggests that one try it on a dog first. May this reporter suggest that any article written by him is well worth the reading. His article on Shock, given by invitation at the Mayo Clinic and found in the October and November "Surgery" is a masterpiece.

Dr. Chester S. Keefer gave us the most useful paper of the convention. He has used Pennicillen on five thousand cases. This drug is only positively useful against staphlococci. No other chemical agent will touch staphlococci but penicillin. Acute osteomyelitis is rapidly controlled from in twenty-four to seventy-two hours by this drug. After eight to ten days the temperature becomes normal. The blood culture becomes negative in from two-five days. The local lesion of course varies. These acute cases are seldom operated, and one should remember that the x-ray picture is twenty-five per cent larger than the subject taken. Of course in a localized abscess, surgery is resorted to. A soft catheter is left in the wound and the wound irrigated twice a day for one week. Other than the catheter hole the closure is complete. The total dosage varies from two to nine million units, and the period of treatment is from three to nine weeks.

Chronic osteomyelitis is also curable says Keefer. He gives Penicillin by vein and in the muscle. Dosage is eighty thousand to one hundred and twenty thousand units a day and from two to four weeks. In the guide to treatment one should expect a sterile culture in from five to seven days. Seventy-five per cent of his patients are cured, and he feels that the failures are due to inadequate treatment. It is interesting to note however, that in five per cent of the cases the organisms become Penicillin-fast. Sometimes there are sequestra, and of course twenty-five per cent of the patients have relapses.

The above comments are taken from the surgical angle, and the following comments are the contribution of Dr. Millman, who took notes on the medical aspects of Dr. Keefer's subject.

Summarizing the indications for penicillin in pneumonia, Dr. Finland recommeded the following:

1. Only when gram positive bacteria are the source of infection.
2. In extreme conditions, such as when the patient is in shock.
3. In renal failure, where chemotherapy may be dangerous, but where it is easier to maintain high blood levels with penicillin.

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4. In congestive heart failure.
5. Where the patient is sensitive to sulfonamides.
6. In staphylococcus pneumonia. In this case it is necessary to drain abscess cavities even with the use of penicillin.
7. Sulfonamide resistant patients with persistent bacteremia.

Dr. Finland spoke briefly on the use of penicillin in meningococcus meningitis. He pointed out that there was a very much slower response with penicillin than was noted with sulfonamide drugs. Positive cultures from the spinal fluid and nasopharynx were positive for as much as 7 to 12 days after starting penicillin.

The following doctors with the following addresses have had their copies of the Hampden Hippocrat returned to us. Can anyone help us to obtain the correct addresses on these men?

L. J. Smith, 124 Belvidere Street, City

Leo Byrnes, 207 Elm Street, Holyoke, Mass.

W. W. Gibson, Capt., Post Hospital, Springfield Admory, City

Nathan Grover, 539 State Street, City

Parker Cort, 137 Forest Park Avenue, City.

Mendel Mazer, 25 Marengo Park, City

John Dee, 47A. Elliot St., Jamaica Plains, Mass.

Malcom Allan, Bank Building, Palmer, Mass.

Leonard Smith, 43 Court Street, Westfield, Mass.

H. Holleran, Spruce Street, Westfield, Mass.

A. Whitcomb, 21 Bardwell Street, South Hadley Falls, Mass.

R. J. Fanelli, Capt., 13 Ordnance Battalion, Camp Hood, Texas

Surgical Supply Company

22 Railroad Street Holyoke

Prescriptions!

It appears in a Springfield Paper dated July 26, 1944 that no prescription for cream will be valid unless signed by the office of the State Medical Association in Boston.

This is a ruling of the War Food Administration.

We are all in sympathy with any legal act which conserves food or drugs so that those most in need of them shall not suffer.

In the use of Quinidin which has to be rationed because the source of supply has been in enemy hands, a sensible method of distribution was arrived at. Several of the countries leading heart specialists in a committee, decided what conditions might be fovorably altered by the use of quinidin. Following their meeting, prescriptions for quinidin were limited to fifty tablets, and it was stated that its use must be restricted to certain cardiac arrhythmias, and paroxysmal tacchycardia. The physicians prescriptions were not subjected to scrutiny by someone in no better position to pass judgment than the doctor.

It is the opinion of at least one registered physician that the regulations concerning cream are a dangerous usurpation of a physicians legal rights and that while the cream itself is unimportant the fact that some committee approves or disapproves each precription of a private physician is very important, and may presage further supervision of medical practice.

Anyone accepting an appointment to decide whether his fellow physicians should prescribe cream or any drug should consider well his responsibilities and try to arrive at some plan which will not stir resentment among the medical profession.

It is probable that cream prescriptions will immediately decrease as desired, as physicians will very reluctantly subject themselves to the humiliation of having their prescriptions censored.

G. L. S.

BACKGROUND

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IT COULD HAVE HAPPENED AT A DRAFT EXAMINATION

Q. How far did you go to school?
A. Two miles.
Q. What is patriotism?
A. A disease—a religion.
Q. Please void in that graduate in the corner.
A. From here, Doc?
Q. What is charity?
A. Something for nothing — Something that grows on trees.
Q. How do you like entering the army.
A. Swell.
Q. How does your girl friend like it?
A. Oh she doesn't like it either.
Q. If a submarine appeared in the desert, what would you do?
A. Sink it with a depth charge.
Q. Where would you get the depth charge?
A. Where you got the submarine.
Q. How do you think you'll like the Army?
A. (expanding chest) That all depends on how they treat me. (top sergeant take notice).
Q. Do you wet the bed much?
A. Only a tiny bit every two weeks.
Q. How does your nervousness show itself?
A. The kids bother me when I'm reading the paper.
Q. Name the President before Roosevelt?
A. Hoover.

One examiner to another—hey Bill, is that right?

Q. Do you think you will like the army?
A. But you see, I'm married.
Q. When yere you married?
A. Yesterday!————

FROM AN INDUCTION CENTRE

One man was reading off with eyes open. Told to cover both eyes and he kept on reading. Kept repeating alphabet. There is no pupillary reaction in a glass eye.

One eye examiner used spectacles with-

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